**State Tax Credit Certification**

California Tax Credit Allocation Committee

# 915 Capitol Mall, Room 485

Sacramento, CA 95814

RE: Project Name (CA-XX-XXX)

The certificated sale proceeds received by [insert nonprofit entity recipient of certificated state tax credit award] are as follows:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Certificated State Tax Credit (100%)** |  | $ |
|  |  |  |
| Amount of Sale [and Loan] Sold to [insert entity] |  | $ |
| Loaned to [insert entity]/[NA] |  |  |
|  |  |  |
| Gross Proceeds of Sale [and Loan] (100%) |  | $ |
|  |  |  |
| **Sale and Loan Expenses and Fees,** |  |  |
| **list and describe all:** |  |  |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total Sale and Loan Expenses and Fees** |  | $ |
| Net Proceeds of Sale [and Loan] |  | $ |
| Total Expenses/Gross Proceeds |  | % |
| Net Proceeds State Tax Credit Factor  |  | $ |
|  |  |  |

If you need further information, please contact [insert contact information include email].

Sincerely,

Authorized Signatory

[Address and phone number if not on letterhead]